

PART B - FEE(S) TRANSMITTAL



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24367 7590 03/22/2006
SIDLEY AUSTIN LLP
717 NORTH HARWOOD
SUITE 3400
DALLAS, TX 75201
06/19/2006 SHASSEN2 00000027 181260 09160267

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 15.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/160,267	09/24/1998	MASAMI TOYAMA	05058/76501	6140

TITLE OF INVENTION: IMAGE FORMING APPARATUS HAVING A DISPLAY CHANGEABLE IN COLOR ACCORDING TO OPERATIONAL MODE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/22/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	
TRAN, DOUGLAS Q		2625		358-001140	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Sidley Austin LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

MINOLTA CO., LTD.

OSAKA, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- Issue Fee
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 Advance Order - # of Copies five (5)

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-1260 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Douglas A. Sorensen

Date June 13, 2006

Typed or printed name Douglas A. Sorensen

Registration No. 31,570

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